									· · · · · · · · · · · · · · · · · · ·			
PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									Application or Docket Number			
		E11	ective Dece	mber	3, 200			· ·	(O)	1 6	<i>5</i> 35 £	55/
CLAIMS AS FILED - PART I						÷		SMALL ENT	TITY	OTHER THAN OR SMALL ENTITY		
_			(Column 1)		(	Column 2)	7			1 1	SWALL	:NIIIY
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	= \$ 150	LARG	SE ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Ar (4) = \$ 50 /			her situations = 100 / \$ 200		EXAM. FEE	100	Ì	EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$ ALL other cou \$ 200 / \$	ntries =		her situations = 250 / \$ 500		SEARCH FEE	50		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			) \ mir	us 20 =	*		]	X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			m	inus 3 =	*	/		X \$ 100 =		OR	X \$ 200 =	·
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT	•				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							-	TOTAL	300	OR	TOTAL	
CLAIMO AO AMENDED. DATE "												•
CLAIMS AS AMENDED - PART II								SMALL E	OTHER THAN ENTITY OR SMALL ENTITY			
	·	(Column 1) CLAIMS		(Colu		(Column 3)	1		ADDI-	) 	OMALE L	
AMENDMENT A	100 Par	REMAINING AFTER		PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	** )	TOR TO	-	1	X \$ 25 =		OR	X \$ 50 =	
	<del> </del>		1	<u>ل</u> م	<u> </u>	<del>                                     </del>	ł					<u> </u>
	Independent		Minus	<u> </u>	)	=		X \$ 100 =		JOR.	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	\ .	OR	+ \$ 360 =	
								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	<del> </del>	(Colu		(Column 3)	1		<del></del>	1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		s .		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus ·	***		=		X \$ 100 =	·	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
									•	•	1	
		•					•					

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.